

What term do you intend to enroll, and under what conditions: (Please select all options that you will consider.)

- You will **not** be considered for options that you have not selected as desirable.)

_____ Fall, 2012 One Year Track- Staples Only

_____ Fall, 2012 One Year Track- Brainerd Only

_____ Fall, 2012 Two Year Track- Brainerd Only

_____ Spring 2013 One Year Track- Brainerd Only

Central Lakes College



2012-13 PRACTICAL NURSING APPLICATION

An essential component of the nursing programs at Central Lakes College (CLC) is the care of patients/clients in clinical settings. To provide this experience, the college contracts with local clinical facilities. All clinical facilities require that students are immunized against certain diseases. A clinical agency may refuse student's participation in clinical experiences at their facility if a student is not immunized **including students who are conscientious objectors to immunizations. The nursing program at CLC does not guarantee an alternative facility placement for students who have not been immunized. If no alternative facility placement is available, the student is unable to meet clinical requirements and is therefore unable to progress in the program.**

Requirements listed on the reverse side of this form must be completed before you will be formally accepted into the Practical Nursing (PN) Program (Your application is encouraged anytime. In the event of a tie with completing pre-requisites, date of application is considered for selection of accepted students.)

Today's Date: _____

Have you applied as a general applicant to CLC? _____

Have you attended CLC in the past? _____

STUDENT INFORMATION

First Name: _____

MI _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Social Security Number : _____

Student ID Number: _____

E-Mail Address: _____

EDUCATION

High School/GED _____ Year of Graduation: _____

Do you have a Bachelor's Degree? Yes: _____ No: _____

University/College Attended: _____

City: _____ State: _____ Degree Earned: _____

University/College Attended: _____

City: _____ State: _____ Degree Earned: _____

University/College Attended: _____

City: _____ State: _____ Degree Earned: _____

(OVER – IMPORTANT INFORMATION REGARDING PN PROGRAM PRE-REQUISITES)

PRACTICAL NURSING PROGRAM PREREQUISITES

1. **ACCUPLACER Test Results:** Date of test: _____
Required minimum scores Reading: 78 or higher Your Score: _____
and either
(Exemption is not an option Arithmetic: 65 or higher Your Score: _____
For PN applicants) or
Elementary Algebra: 52 or higher Your Score: _____

If a student's score falls below the minimum requirements for application to the Practical Nursing Program, the student must take recommended classes and receive a "C" grade or higher before acceptance to the PN program. If the student does not achieve a "C" grade or higher (or a "P" grade in the first 7 modules of pre-college math – see additional information on math requirements), the student has the option to retake the class(es) or to retake the accuplacer at their own cost. Requirements for acceptance remain as above.

Classes recommended by the accuplacer test ("C" or above required, or a "P" in pre-college math)

_____ Reading 0591 (scores of 32-55)

_____ Reading 1500 (scores of 56-77)

_____ Math 0581, 0582 or 0583 (Pre-College Math) – must complete chapters/modules 1-7

Refer to Practical Nursing Handbook on-line for additional information.

2. **NURSING ASSISTANT:** Proof of successful completion of PNUR 1120 – Basic Nursing I, or **Original Certificate of Completion** of an approved 75 hour Nursing Assistant Course presented to **Registration Department**. (If your certificate is over five years old, we must see your **original** certificate **and** a letter from an employer verifying your work as a Nursing Assistant within the last five years.)
You must provide evidence that the nursing assistant course attended was at least 75 hours in length, and must have utilized the Minnesota Department of Health Nursing Assistant curriculum. (The Nursing Assistant Registry does not provide evidence of length of class. The test out option for the 40 hour course is not acceptable as the PN prerequisite.)

IMPORTANT: ORIGINAL DOCUMENT OF YOUR NURSING ASSISTANT CERTIFICATE MUST BE PRESENTED TO CLC'S REGISTRATION DEPARTMENT IN ORDER TO VERIFY AUTHENTICITY.

3. **CPR CERTIFICATION: MUST BE** American Heart Association. – Healthcare Provider
OR Red Cross – Professional Rescuer
Expiration Date: _____

IMPORTANT: ORIGINAL DOCUMENT OF YOUR CPR CERTIFICATE AND ANY COLLEGE TRANSCRIPTS MUST BE PRESENTED TO CLC'S REGISTRATION DEPARTMENT IN ORDER TO VERIFY AUTHENTICITY AND TRANSFER CREDIT.

4. **BIOL 1404 HUMAN BIOLOGY I** _____
OR
BIOL 2467, ANATOMY & PHYS I AND BIOL 2468, ANATOMY & PHYS II _____
The Biology requirement must be completed with a grade of "C" (2.0) or above. (A grade of "C-" is not acceptable.)

Misrepresentation of application information is grounds for canceling admission. I certify that the information I have provided on this application form and all other admission materials is complete, accurate and true to the best of my knowledge.

STUDENT SIGNATURE REQUIRED: _____ **DATE:** _____

NOTE: Central Lakes College is asking you to provide information that includes private and/or confidential information under state and federal law. Central Lakes College is asking for this information in order to process your application.

You are not legally required to provide the information; however, Central Lakes College may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- To other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- To federal, state or local officials for purposes of program compliance, audit or evaluation;
- As appropriate in connection with your application for, or receipt of, financial aid;
- To your parents, if your parents claim you as a dependent student for tax purposes;
- If the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- To an organization engaged in educational research or an accrediting agency.

ADA statement:

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Paula Huss in Disability Services, office C111 at 800-933-0346 ext 8175. Deaf and Hard of Hearing users or TTY communication contact the "Minnesota Relay Service at 7-1-1 or 1-800-627-3529." 10/10